



**COMMUNITY POWERED REVITALIZATION PROGRAM
APPLICATION PACKET**



PLEASE MAIL OR DELIVER THE COMPLETED PACKET IN ITS ENTIRETY TO:

**Melissa Thomas
201 N. Ector Dr.
Euless, TX 76039**

WHAT IS THE COMMUNITY POWERED REVITALIZATION PROGRAM?

The Community Powered Revitalization (CPR) Program was created to help pair volunteers with homeowners from the cities of Hurst, Euless and Bedford who are unable to complete necessary repairs to their homes because of difficulties or circumstances beyond their control. Repairs are generally exterior – replacing rotted wood, painting, fencing, yard clean-up, etc.

AM I ELIGIBLE FOR THE CPR PROGRAM?

The CPR program is designed to provide help to those homeowners who are in the greatest need of assistance and are unable to perform the necessary work themselves. A homeowner must meet one or more of the following criteria to be considered eligible for assistance through the CPR program; handicapped, disabled, 62 or older, or a single head of household (single parent) with children under 18 years old living at home. Additionally, this program is limited to those homeowners who meet certain income restrictions and have lived at their current residence for a minimum of 2 years. To determine if you are eligible for this program, please fill out the attached application and a member of the CPR Committee will contact you to discuss your situation.

HOW LONG DOES IT TAKE FOR MY HOME TO BE REPAIRED?

Once it is determined that a homeowner is eligible for the CPR program, their address will be added to a list of homes currently needing assistance. This list is shared with volunteer organizations who have partnered with the cities of Hurst, Euless and Bedford to assist with the CPR Program. Volunteers include churches, businesses, civic organizations and individuals who have a desire to help. These are the organizations that will ultimately select your specific home and complete the necessary repairs. Since this is a volunteer based program, we cannot guarantee a time frame of when or if your home will be chosen from this list. It is also a possibility that only a portion of the items you requested will be completed due to the limitations of the volunteer organizations.

HOW DO I APPLY TO THE CPR PROGRAM?

To apply for assistance through the CPR Program, please complete this entire application and return it along with your financial documents to Euless Fire Administration Building at 201 N. Ector Dr.
Attn: Melissa Thomas.

COMMUNITY POWERED REVITALIZATION APPLICATION FORM

**APPLICANT MUST BE THE LEGAL OWNER OF THE PROPERTY
AND RESIDE AT THE ADDRESS INDICATED ON THIS FORM**



APPLICANT CONTACT INFORMATION:

Date of application _____

Name of owner: _____ Date of birth: _____

Street address: _____

City: _____ Zip code: _____

Email: _____

Home phone: _____ Alt. phone: _____

Best time to call? _____ Best time to come by? _____

How long have you lived at this residence? Years _____ Months _____

Are you behind on your mortgage? ☐ Yes ☐ No

If you answered yes, how many months behind are you? _____

Is your home: ☐ Electric only ☐ Gas and electric

Ethnicity: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino ☐ Pacific Islander ☐ White

How did you hear about the CPR program? _____

You must meet one of the following criteria to receive assistance:

(Check all of the following that apply)

- ☐ Handicapped ☐ Veteran/spouse of a veteran (honorably discharged with form DD214)
☐ Disabled ☐ Single head of household (single parent) with a dependent child living at home
☐ 62 years of age or older

How many people currently live in your home? _____

Please provide their ages and relationship to you.

DOB: _____ Age: _____ Relationship: _____

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DOB: _____ Age: _____ Relationship: _____

Do you have working smoke detectors in your home? ☐Yes ☐No

If no, would you like the Fire Department to install them free of charge? ☐Yes ☐No

Have you been served by 6 Stones in the past? ☐Yes ☐No This is only for our records.

If yes, by which program?

- ☐ CPR (housing repairs)
- ☐ Operation Back 2 School (school supplies)
- ☐ Night of Hope (Christmas)
- ☐ New Hope Center (food and clothing)
- ☐ Community Ministries (block party or home visit)

Based on number of occupants, does your TOTAL HOUSEHOLD INCOME fall below the level indicated on the chart below? ☐Yes ☐No

(Total household income includes the total of all income from all persons living at the property including wages, retirement, child support, alimony, etc.)

Number of Occupants:	1	2	3	4	5	6	7	8 or more
Income Levels	\$45,650	\$52,200	\$58,700	\$65,200	\$70,450	\$75,650	\$80,850	\$86,100

This chart is adopted from the U.S. Department of Housing & Urban Development- Dallas- Fort Worth- Arlington- FY 2020

Do you have documentation to support your answers? ☐Yes ☐No

Are you financially able to pay for house repairs? ☐Yes ☐No

Do you own any other properties? ☐Yes ☐No

Are you willing to provide copies of this documentation for verification? ☐Yes ☐No

Are you going to sell this property within the next 2 years? ☐Yes ☐No

In order to expedite the process, please submit the following financial documents along with this application for all household members including applicant:

- ☐ Most recent federal tax return **and** last 6 months of income statements/pay stubs or
- ☐ If you do not file income taxes, the last 3 months of bank statements **and** the last 6 months of income statements/pay stubs.

Please note: Your financial information will be kept confidential. Once income verification is completed, all financial documents provided will be shredded. Please do not send originals of any required paperwork.

OFFICE USE ONLY

<input type="checkbox"/> PROPERTY TAX VERIFICATION	:	____/____/____	_____
<input type="checkbox"/> OWNERSHIP VERIFICATION	:	____/____/____	_____
<input type="checkbox"/> OUTSTANDING LIENS	:	____/____/____	_____
<input type="checkbox"/> CODE/PUBLIC SAFETY	:	____/____/____	_____

NARRATIVE SECTION

Please use the space below to describe what repairs you feel are necessary at your home. You may attach additional sheets of paper if needed. If you qualify, 6 Stones will decide which items we can help with.

Please use this section to explain your current situation to the CPR Committee. For example: What circumstances led you to need assistance with home repairs? Why should your home be considered for this program instead of another one in your neighborhood? You may attach additional sheets of paper if needed. Once you are finished please sign and date the bottom of the form.

By signing this form I understand that submission of this application does not guarantee that I will qualify for or receive assistance from the Community Powered Revitalization Program or any of its' affiliated volunteer organizations. I further understand that more documentation may be required to verify portions of this application.

Signature: _____

Date: _____

COMMUNITY POWERED REVITALIZATION PROGRAM

HOMEOWNER WAIVER OF LIABILITY AND DISCLAIMER

(READ CAREFULLY BEFORE SIGNING)

I, _____, hereby acknowledge that I am the legal owner of the property located at _____ ("Property") and that I have voluntarily agreed to participate in the Community Powered Revitalization Program ("Program") for certain construction and/or repairs (collectively the "Work") to the residence located on the Property. I further acknowledge that the Work will be performed at no charge to me by volunteers who will not be compensated for their labor.

I am at least eighteen (18) years of age and legally competent to sign this Waiver of Liability and Disclaimer ("Waiver"). I understand that the Program, and Work associated with the Program, involves certain risks that are inherent in such activities, specifically including, but not limited to, property loss/damage, personal injury that may require certain first aid and/or medical treatment, and risks that I may not be able to foresee or anticipate.

In consideration of my participation in the Program, I hereby acknowledge that I assume and accept all risks in connection with the Program, and Work associated with the Program, for any harm, injury, or damage that may befall me or my Property as a result of the Program, Work associated with the Program, and/or my participation in the Program, including activities preliminary and subsequent to the Work and the Program, whether foreseen or unforeseen.

I understand and agree and hereby acknowledge that I will not attempt to hold the Program or any of the Released Persons (as defined below) liable in any way for any occurrences arising out of the Program, Work associated with the Program, and/or my participation in the Program that may result in injury, death, or other damages to me or my Property.

I DO HEREBY EXEMPT AND RELEASE THE CITY OF EULESS, THE CITY OF HURST, THE CITY OF BEDFORD, THE CITY OF WATAUGA, THE CITY OF CLEBURNE, THE CITY OF RICHLAND HILLS, THE CITY OF HALTOM CITY, 6 STONES MISSION NETWORK, THE COMMUNITY POWERED REVITALIZATION PROGRAM, ITS STAFF MEMBERS, EMPLOYEES, VOLUNTEERS, CONTRACTORS, AFFILIATES, AGENTS, AND ATTORNEYS (COLLECTIVELY, THE "RELEASED PERSONS") FROM ANY AND ALL LIABILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH CAUSED BY THE ACTS OR OMISSIONS OF ANY ONE OR MORE OF THE RELEASED PERSONS ARISING OUT OF THE PROGRAM, WORK ASSOCIATED WITH THE PROGRAM, OR MY PARTICIPATION IN THE PROGRAM, SPECIFICALLY INCLUDING, BUT NOT LIMITED TO, ANY SUCH LIABILITY ARISING OUT OF A CONSTRUCTION DEFECT, WHETHER LATENT OR NOT LATENT, CAUSED BY THE NEGLIGENCE, GROSS NEGLIGENCE AND/OR WILLFUL OR INTENTIONAL MISCONDUCT OF ANY ONE OR MORE OF THE RELEASED PERSONS, OR THE BREACH OF ANY WARRANTIES, WHETHER EXPRESS OR IMPLIED, ARISING OUT OF COMMON LAW, CONTRACT, OR STATUTE, SPECIFICALLY INCLUDING, BUT NOT LIMITED TO THE WARRANTIES OF MERCHANTABILITY, FITNESS, REPAIR, HABITABILITY, SUITABILITY, CONSTRUCTION, AND SERVICES PERFORMED IN A GOOD AND WORKMANLIKE MANNER.

I FURTHER HEREBY ACKNOWLEDGE AND AGREE TO DEFEND, INDEMNIFY, SAVE, HOLD HARMLESS, AND COVENANT NOT TO SUE THE RELEASED PERSONS FOR ANY AND ALL CLAIMS, DEMANDS, DAMAGES, CAUSES OF ACTION AND SUITS IN EQUITY, WHETHER ARISING OUT OF COMMON LAW, EQUITY, ARBITRATION OR STATUTE, NOW OR HEREAFTER ARISING, KNOWN OR UNKNOWN, ASSERTED BY ME AND/OR MY ESTATE, HEIRS, EXECUTORS, ADMINISTRATORS, OR ASSIGNS) ARISING OUT OF THE PROGRAM, ASSOCIATED WITH THE PROGRAM, OR MY PARTICIPATION IN THE PROGRAM, WHETHER SUCH CLAIMS, DEMANDS, DAMAGES, CAUSES OF ACTION AND SUITS ARISE OUT OF A CONSTRUCTION DEFECT, WHETHER LATENT OR NOT LATENT, THE NEGLIGENCE, GROSS NEGLIGENCE AND/OR WILLFUL OR INTENTIONAL MISCONDUCT OF ANY ONE OR MORE OF THE RELEASED PERSONS; OR THE BREACH OF ANY WARRANTIES, WHETHER EXPRESS OR IMPLIED, ARISING OUT OF COMMON LAW, CONTRACT, OR STATUTE, SPECIFICALLY INCLUDING, BUT NOT LIMITED TO THE WARRANTIES OF MERCHANTABILITY, FITNESS, REPAIR, HABITABILITY, SUITABILITY, CONSTRUCTION, AND SERVICES PERFORMED IN A GOOD AND WORKMANLIKE MANNER.

I also hereby grant and convey unto the Community Powered Revitalization Program all right, title, and interest in any and all photographic images and video or audio recordings made during the Program and/or Work associated with the Program, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Initial: _____ Date: _____

I hereby acknowledge and expressly agree that all indemnities, releases and waivers contained in this Waiver are intended to be as broad and inclusive as permitted by the laws of the State of Texas and that, if any portion of the agreements in this Waiver are held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

This Waiver contains the entire agreement between me and the Community Powered Revitalization Program regarding the Program, Work associated with the Program, and my participation in the Program. I understand the terms herein are contractual and not merely recitals, and that I have signed this document of my own free will.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS WAIVER BY READING IT BEFORE I SIGNED IT.

SIGNED this the ____ day of _____ 20 ____.

Signature: _____

Printed Name: _____

Address: _____

Telephone Number: _____